

**Lexington-Fayette Urban  
County Government  
Department of Public Works & Development  
Division of Building Inspection**

Mailing Address:  
200 E. Main St  
Lexington, KY 40507

Office Location:  
101 E. Vine St  
2<sup>nd</sup> Floor

Phone: 859-258-3770

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**Existing 1 & 2 Family  
Residential Building  
Permit Application**

Construction Location:					Parcel:		Zone:		
Owner:				Contact Person:			Phone:		
Owner's Address:					City:		ST: Zip:		
Contractor:					Reg #:		Phone:		
Contractor's Address:				City:		ST:		Zip:	
Type of Work:				Construction Cost \$:					
# of Bldgs:		# of Units:		# of Stories:		# of Bedrooms:		# of Bathrooms: Total # of Rms in Dwelling:	
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No				Floodplain: <input type="checkbox"/> Out <input type="checkbox"/> In		Release Date:			
<b>PERMIT FEES:</b>									
<b>ADDITIONS (includes garages, decks, dormers, etc):</b>				Building Square Ftg X .02 = \$ (Min \$50)					
<b>ACCESSORY STRUCTURES (detached garages, sheds, etc):</b>				Building Square Ftg X .01 = \$ (Min \$50)					
<b>REMODEL RESIDENTIAL (includes finishing basements, etc):</b>				Construction Cost: \$ X .001 = \$ (Min \$50)					
<b>DUPLEX CONVERSION:</b>				Construction Cost: \$ X .001 = \$ + \$120 = \$ (Min \$50)					
<b>PAVING:</b>				Square Ftg X .006 = \$					
<b>OTHER:</b>									
Paid by: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other/Agent					<b>TOTAL AMOUNT DUE: \$</b> <input type="checkbox"/> CASH <input type="checkbox"/> CK#				
Contractors W/C Expiration Date:					Contractors Liability Expiration Date:				
Approved By:					Assigned Inspector:				
It is your responsibility to contact your inspector and obtain the following inspections: <input type="checkbox"/> Footing <input type="checkbox"/> Framing <input type="checkbox"/> Final									
<b>PERMIT CONDITIONS (ALL CHECKED ITEMS APPLY)</b>									
<input type="checkbox"/> <b>Must comply with 2007 KRC and LFUCG Zoning Ordinance</b> <input type="checkbox"/> <b>Must comply with LFUCG Zoning Ordinance as to the use of this property being limited to that of a Single Family Dwelling. Any change in the use of the property requires prior approval of the Division of Building Inspection.</b> <input type="checkbox"/> Call KY Underground Protection Inc two working days before you dig (811) <input type="checkbox"/> Must Observe all easements <input type="checkbox"/> Certificate of Occupancy required prior to use. <input type="checkbox"/> Must comply with all additional listed conditions below:					<input type="checkbox"/> AC/DC smoke detector required on each level. <input type="checkbox"/> Electrical work must be permitted by a licensed electric contractor or homeowner, and obtain a rough-in and final electrical inspection. <input type="checkbox"/> Must meet all deck requirements with manufactured approved metal connectors and fasteners for ACQ treated material. <input type="checkbox"/> No additional kitchen or unit. <input type="checkbox"/> Per Accessory Ordinance 205-98: Accessory structure may not exceed 50% of the square footage of the house or 625 sq. ft.; whichever is greater. Also, the accessory structure may not exceed the elevation of the house or 20'-0" to mid-gable.				
I, hereby swear, affirm and certify, that I am the owner of record of this property, or that the owner of record has authorized me to make this application as his lawfully authorized agent. I agree to all of the above permit conditions and will comply with all applicable building codes, zoning ordinances, and other laws pertaining to the construction and occupancy of the property. I understand that any false or inaccurate information on this application or the approved plans may result in revocation of the permit under the building code and any other appropriate legal action, including but not limited to criminal prosecution. No deviation from the approved plan is allowed without prior approval from the Division of Building Inspection.									
SIGNATURE: _____					DATE: _____				
NOTARY PUBLIC: _____					MY COMMISSION EXPIRES: _____ DATE: _____				

